

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:50

DOCUMENT # F94000003605 (2)

1. Corporation Name
NATURAL GAS SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
PO BOX 760 BEDMINSTER NJ 07921-0760 **PO BOX 760 BEDMINSTER NJ 07921-0760**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/11/1994	
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		22-3209319	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEAN, JOHN	1.2 NAME	
STREET ADDRESS	550 RT 202-206	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEDMINSTER NJ 07921-0760	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEAN, JOHN JR	2.2 NAME	
STREET ADDRESS	550 RT 202-206	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEDMINSTER NJ 07921-0760	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT, DAVID	3.2 NAME	Mockapetris, David
STREET ADDRESS	550 RT 202-206	3.3 STREET ADDRESS	550 Route 202-206
CITY-ST-ZIP	BEDMINSTER NJ 07921-0760	3.4 CITY-ST-ZIP	Bedminster, NJ
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, ROBERT P	4.2 NAME	
STREET ADDRESS	ONE ELIZABETHTOWN PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	UNION NJ 07083	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGER, JACK	5.2 NAME	Ward, Kenneth G.
STREET ADDRESS	955 E. 25TH ST	5.3 STREET ADDRESS	550 Route 202-206
CITY-ST-ZIP	HIALEAH FL 33013-3498	5.4 CITY-ST-ZIP	Bedminster, NJ
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAN, MICHAEL J	6.2 NAME	
STREET ADDRESS	550 RT 202-206	6.3 STREET ADDRESS	
CITY-ST-ZIP	BEDMINSTER NJ 07921-0760	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Michael J. Behan Michael J. Behan, President 4/25/95 908-781-0500
Date Office Phone #